

# EXHIBIT A

**Rocky Mountain Holdings LLC**  
 PO Box 713375 • Cincinnati, OH 45271-3375  
**Customer Service: (888) 636-4438**

Air Medical Transport Services provided by: Air Methods Corporation

<b>Patient Name:</b> Edward Adams	<b>Date of Call:</b> 05/17/2014
<b>Run Number:</b> 14-69911	<b>Time of Call:</b> 17:07:20
<b>Notice Date:</b> September 2, 2014	<b>From:</b> 34 01.462'n, 081 28.079'w
	<b>To:</b> Richland Memorial Hospital - Columbia
Joh Alphin 2110 N Beltline Blvd Columbia SC 29204-3905	<b>Primary Payor:</b> State Farm
	<b>Secondary Payor:</b> Mcaid SC

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual Allowance</u>	<u>Amount</u>
A0431 Helicopter Rotor Base	1	22550.13	0.00	22550.13
A0436 Helicopter Rotor Miles	25	8341.25	0.00	8341.25

**BALANCE DUE:** \$30891.38

**Your insurance provider has not paid this claim. We will continue to pursue your insurance for payment on your behalf, but we ask that you contact your insurance to potentially prevent a denial of your claim. Unfortunately, if your claim is denied the full balance of this account would become your financial responsibility. Se Habla Español.**

Your obligation to make payment on this invoice is governed by North Carolina law.

*Please refer to your run number on all correspondence. - - Please see the reverse side for insurance information. - -*

Federal Tax ID #: 870533822

WEXLNET03INV09

\*\*\*DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.\*\*\*

PO Box 2532  
Fontana, CA 92334-2532  
ADDRESS SERVICE REQUESTED



Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

September 2, 2014

**Rocky Mountain Holdings LLC**  
 PO Box 713375  
 Cincinnati, OH 45271-3375

14-69911-INV09 391455326



Joh Alphin  
2110 N Beltline Blvd  
Columbia SC 29204-3905

PATIENT NAME Edward Adams			AMOUNT DUE \$30891.38
RUN NUMBER 14-69911	DATE OF SERVICE 05/17/2014	STATEMENT DATE 09/02/2014	AMOUNT ENCLOSED \$